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Revision:	HCFA-PM-91-4 (AUGUST 1991	BPD)	OMB No.: 0938-
	State/Territory:	W	MASHINGTON
Citation 42 CFR 447 through 44		Reci	pient Cost Sharing and Similar Charges Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
1916(a) an	- ' '	(b)	Except as specified in items 4.18(b)(4), (5),

- (b) (4), (5), respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:
 - No enrollment fee, premium, or similar charge is imposed under the plan.
 - No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
 - Services to individuals under age (i) 18, or under--

___ Age 19 ___ Age 20 ___ Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

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TN No. _93-24

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Revision: HCFA-PM-91-4 (BPD)
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State/Territory: WASHINGTON

<u>Citation</u>	4.18(b)(2) (Co	ntinued)				
42 CFR 447.51 through 447.58	(iii)	women.				
		// Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.				
	(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.				
	(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).				
	(vi)	Family planning services and supplies furnished to individuals of childbearing age.				
-	(vii)	Services furnished by a health maintenance organization in which the individual is enrolled.				
1916 of the Act, P.L. 99-272, (Section 9505)	, (viii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.				
IN No		1/21/92 Effective Date 11/1/91				
Supersedes IN No. 36-14	Approval Date	//2//92 Effective Date				
		HCFA ID: 7982E				
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	State/Territ	cory:	WASHINGTO	М	
<u>Citation</u>		4.18 (b	o) (Contin	ued)	
42 CFR 447 through 447.48	.51		(3)	applie copayr for s	s a waiver under 42 CFR 431.55(g) es, <u>nominal</u> deductible, coinsurance, ment, or similar charges are imposed ervices that are not excluded from charges under item (b)(2) above.
				<u>x</u>	Not applicable. No such charges are imposed.
				(i)	For any service, no more than one type of charge is imposed.
				(ii)	Charges apply to services furnished to the following age groups:
					18 or older
					19 or older
					20 or older
	-				21 or older
					Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.
			•		

TN No. 94-1: Supersedes TN No. 93-24 Approval Date <u>6/30/94</u> __ Effective Date <u>4/1/94</u>

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory: <u>WASHINGTON</u>

Citation

4.18(b)(3) (Continued)

42 CFR 447.51 through 447.58 (iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- Service(s) for wh charge(s) is applied; which (A)
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
 - Not applicable. There is no maximum.

TN No. 94-11 Supersedes TN No. 93-24

Approval Date 6/30/94

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory	: <u></u>	IASHINGTON
Citation 1916(C) of the Act	4.18(b)(4)	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52 and 1925(b of the Act)) [7	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
1916(d) of the Act	4.18(b)(6) <i>□</i>	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

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Supersedes Approval Date TN No. 86-14	1/2/192	Effective Date	11/1/9/
TN No. $86-19$			

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	State/Territor	y: WASHI	NGTON
Citation CFR 447.51		.18(c)	Individuals are covered as medically needy 42 under the plan.
through 44		(1)	charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 thre	ough -	(2)	No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following: (i) Services to individuals under age 18, or under Age 19 Age 20 Age 21
			Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

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Revision: HCFA-PM-91-4

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(BPD)

OMB No.: 0938-

State/Territory: WASHINGTON

<u>Citation</u>

4.18(c)(2) (Continued)

42 CFR 447.51 through 447.58

- (ii)Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
- (iii) All services furnished to pregnant women.
 - Not applicable. Charges apply for pregnant women services to unrelated to the pregnancy.
- Services furnished to any individual who is an inpatient in a hospital, (iv) long-term care facility, or other medical institution, if the individual required, as a condition receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
- Emergency services if the services meet (v) requirements in 42 447.53 (b) (4).
- Family planning services and supplies (vi) furnished to individuals of childbearing age.
- (vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
- (viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.
 - Not applicable. No such charges are imposed.

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1916 of the Act,

(Section 9505)

447.51 through

P.L. 99-272

447.58

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State/Territory: <u>WASHINGTON</u>

Citation

Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, 4.18(c)(3) applies, <u>nominal</u> deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b) (2) above.

- Not applicable. No such charges are imposed.
- For any service, no more than one type (i) of charge is imposed.
- (ii) Charges apply to services furnished to the following age group:

 18	or	older
 19	or	older
 20	or	older
21	or	older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable:

_TN

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Citation

4.18(c)(3) (Continued)

447.51 through

447.58

- For the medically needy, and other optional groups, <u>ATTACHMENT 4.18-C</u> specifies the: (iii)
 - Service(s) for which charge(s) is applied;
 - (B) Nature of the charge imposed on each service;
 - Amount(s) of and basis for determining the charge(s);
 - (D) Method used to collect the charge(s);
 - (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
 - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
 - (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

__ Not applicable. There is no maximum.

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Supersedes